

The HIV Epidemic and Drugs

Kurt April *

The World Health Organisation (WHO) estimates that, worldwide, 30 million people have so far been infected with HIV, 6.5 million of these, have already died, including 1.5 million children. In 1996 alone the WHO expected 3.1 million new cases, and by the year 2000 an additional 10 million.

In addition to the ever growing HIV epidemic in central Africa, with 14 million HIV infections (63 percent of the world total) to date, new fast-growing epidemics are evident in various countries including India, Thailand, Ukraine and South Africa. Globally, the HIV epidemic has not yet peaked.

The HIV Epidemic in Europe and North America

The HIV epidemic is extraordinarily diverse and dynamic. It comprises many sub-epidemics in various regions and populations, each with particular epidemiological characteristics.

In Europe and North America, when the HIV epidemic started in the 1970s and 1980s, it first affected homosexuals, then very soon spread and increased very rapidly among drug addicts, though it spread only slowly among the heterosexual population. HIV did not increase as rapidly as it did in Africa or south east Asia. Fewer than 1 percent of deaths per year are due to HIV infection, a closer examination though reveals that in western countries, such as the USA and Switzerland, HIV has for several years been one of the main causes of death with young people (age 25-44).

In many industrialised countries, new AIDS cases and deaths reported annually are no longer rising as fast as in previous years.

It is, however, worrying that new (sub-) epidemics continue to occur in certain populations. In American cities (San Francisco, Pittsburgh

* M. D., Psychiatrist and Psychotherapist FMH, Member of the Board of AIDS Information Switzerland

and New York) infection rates of 7-9 percent are found among young homosexual and bisexual males (aged 17-22). It is particularly alarming that in most countries (including Switzerland, Sweden, Britain, France, USA) the proportion of heterosexual transmissions and the proportion of women infected continues to grow.

HIV Transmission through Drug Abuse and Addiction

The sharing of needles and syringes by drug addicts only makes up 5 percent of all HIV transmission worldwide. This is unlikely to change much, as in global epidemiological terms the drug dependent population is limited in size. In industrialised countries needle and syringe sharing is, however, a major mode of transmission. Injecting drug users form the largest subgroup of AIDS patients in many countries: in Switzerland 36 percent, in Italy 60 percent, in Spain 66 percent, in Germany 64 percent.

This classification according to the mode of transmission includes only those injecting addicts who contracted the disease through needle and syringe sharing.

But injecting addicts and their sexual partners do not only become infected through sharing needles and syringes, but often through sexual contacts. Not only among injecting addicts does drug use play a major part in HIV transmission. In drug-induced euphoria users often indulge in anonymous, transient, and unprotected sexual encounters with a high risk of HIV infection. Consumption of cocaine, crack and amphetamines (and probably ecstasy too) increases sexual activity.

Epidemiological studies of drug users are difficult to conduct. Drug addiction leads to unreliability and impaired memory and, by their very nature, drug use and sexual contact are virtually impossible to objectify reliably. Thus all studies concerning drugs and HIV are by nature seriously flawed. Data derived from studies of preventive measures such as provision of syringes and condoms is unreliable, and the success or failure of such schemes is barely susceptible to proper scientific investigation.

In what follows, the results of several epidemiological studies of HIV risk practices of drug users are described. They correspond well with practical experience.

Studies in the USA and in Britain revealed that 60 percent and more of those infected through heterosexual contact are drug addicts and/or their partners. At least 40 percent of injecting addicts are in a sexual relationship with a non-drug-taker. The partners of drug addicts are at serious risk of becoming infected with HIV. The Swiss Federal Office for Health estimated the percentage of HIV positive individuals to be 25 to 80 times higher among drug addicts than in the general population. In the USA, Scotland, Italy and Spain, for example, sexual relations between drug addicts and their partners represent a major route of transmission between the high-risk group and the rest of the population

In 1995 the American health authority CDC published astonishing results of a study of HIV risk practices in male drug injectors. Male drug addicts, 1,820 in all, from several American cities were interviewed, and subsequently invited to a second interview 30 days later. 93 percent (1,697) turned up for the second interview. All reported having injected drugs during the 30 days. 18 percent (297) of the male drug addicts had homosexual contacts in the same period. Of the 297 drug addicts, 95 percent had more than one sexual partner, the average being 3.8 sexual partners during the 30 days, and of the 297 with homosexual encounters, 267 (90 percent) had sexual intercourse with one or more women. 148 (50 percent) of the 297 reported having a long-term relationship, in 110 cases (74 percent) this partner was female. Of those with a long-term female partner, 12 percent used a condom for intercourse in the 30 day interval. Nearly all (282, i.e. 95 percent) had anal intercourse, 71 percent of these with both men and women, 18 percent with men only.

Out of 292 men that had sexual contacts with men, 86 percent (250) shared needles or syringes. In a commentary to this study, the American health authority pointed out that these results matched those from other studies, even though regional differences were evident.

Conclusions

The HIV/AIDS issue has lost much of its high media profile. Health politicians in western countries mostly comment rather euphemistically on the epidemiological data. But is this optimism concerning the HIV epidemic in the industrialised nations justified?

The epidemiological studies show clearly that, on a world scale, we are further than ever from bringing HIV infection under control. The WHO, the main source of epidemiological data of this paper, is well known for its rather restrained estimates, but even according to the WHO the HIV epidemic is nowhere near reaching its peak.

Although reported HIV infections, AIDS cases and AIDS deaths are indeed stagnating in some western countries at present, undetected cases are numerous: in Switzerland under-reporting is officially estimated at 50 percent. As to HIV infections, nobody really dares to estimate undetected incidence. In the recently published book *Sozial- und Präventivmedizin* by Swiss authors F. Gutzwiler and O. Jeanneret, it was admitted that in Switzerland, even with modern epidemiological know-how, the extent of the epidemic would never be known. In Switzerland we are simply in no position to assess whether the HIV epidemic is on the increase or not.

Some data on reported HIV/AIDS suggest that HIV infection in western countries could be brought under control, and that talk of defeating HIV – by analogy with other infectious diseases such as poliomyelitis and smallpox – is absurd.

Firstly, the incidence of sexual transmission is still on the increase in Europe and North America. This is particularly worrying as it affects by far the largest group in the population.

Secondly, the use of illegal drugs continues to spread, and therefore a major transmission route still exists.

The American health authorities can take particular credit for the availability of at least some facts on this difficult topic of research. The research mentioned above into HIV risk practices of drug users was done mainly in the USA. But despite some differences, research results from European countries confirm the American findings.

High-risk behaviour of drug addicts is attributable mainly to the effect of drugs on the human brain: dependence on drugs, loss of personal health sense, increased sexual urge, callous interpersonal behaviour, lowering of natural inhibition thresholds, euphoria, resulting in failure to assess danger of disease and death. This is why harm reduction (so-called “survival help”) programmes are so wide of the mark.

The current stagnation of reported HIV/AIDS cases in no way implies that the HIV epidemic in certain industrialised countries is now in permanent remission, let alone under control. The proportion of drug-

related HIV infections is larger than the official statistics suggest, as sexual transmissions among drug users are not counted as "HIV transmission through drug dependence". The epidemiological findings described in this paper show how important drug prevention and therapy are in the fight against the HIV epidemic. Only by eliminating the drug problem can the HIV epidemic in industrialised countries be effectively abated.

References

- April, K., Köster, R., "Aids – eine führende Todesursache junger Menschen in der Schweiz" (AIDS, a leading cause of death among young people in Switzerland), *Schweiz. Med. Wochenschr.*, 1994, 124, 2119-2122.
- Bundesamt für Gesundheitswesen, "Aids-Prävention bei Drogenabhängigen – Abgabe von sterilen Spritzen sicherstellen" (AIDS prevention among drug users – ensuring distribution of sterile syringes), *Bulletin des Bundesamtes für Gesundheitswesen*, 1993, 21, 364-367.
- Centers for Disease Control, "Antibody to HIV in female prostitutes", *MMWR*, 1991, 36, 157-161.
- Centers for Disease Control, "HIV Risk Practices of Male Injecting-Drug Users who have Sex with Men – Dallas, Denver, and Long Beach, 1991-1994", *MMWR*, 1995, 44, 767-768.
- Centers for Disease Control, "Update: Trends in AIDS Incidence, Deaths, and Prevalence – United States 1996", *MMWR*, 1997, 46, 165-73.
- Expert Group of the Joint United Nations Programme on HIV/AIDS, "Implications of HIV variability for transmission: scientific and policy issues", *AIDS*, 1997, 11, UNAIDS1-UAIDS15.
- France, A. J., Skidmore, C. A., Robertson, J. R., "Heterosexual spread of human immunodeficiency virus in Edinburgh", *Br. Med. J.*, 1988, 296, 256-259.
- Friedman, S. R., Des Jarlais D. C., "HIV among drug injectors: the epidemic and the response", *AIDS care*, 1991, 3, 239-259.
- Gutzwiler, F., Jeanneret, O., *Sozial- und Präventivmedizin* (Social and preventive medicine), Bern 1997.
- Rezza, G. et al., *Assessing HIV prevention among injecting drug users in European countries: A review*, Istituto Superiore di Sanità, Roma 1992.
- Quinn, T., "Global burden of HIV pandemic", *Lancet*, 1996, 347, 99-106.
- UNAIDS/WHO, "HIV/AIDS: The global epidemic", *Weekly Epidemiological Record*, 1997, 72, 17-24.